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Diabetes Study Shows Need for Greater Coordination, Focus on Prevention

By Joanna Anderson, CQ Staff

A lack of coordination plagues government agencies spending federal dollars on diabetes, according to a study released Tuesday by the National Changing Diabetes Program (NCDP).

The study, the first comprehensive review of all federal diabetes spending, shows that roughly one of every eight federal health care dollars in fiscal 2005 – nearly \$80 billion – was spent treating people with diabetes. But greater coordination is needed in order to more effectively prevent and treat the disease and its complications, according to the study, released in conjunction with the Congressional Diabetes Caucus.

Those findings have prompted advocates to call on Congress and President Bush to consider establishing a national diabetes coordinator to manage federal funding for what Caucus Member Rep. Gene Green, D-Texas, called the “nation’s most chronic disease.”

At Tuesday’s briefing, caucus members stressed the potential positive impact of embryonic stem cell research on diabetes. Rep. Michael N. Castle, R-Del., caucus co-chairman, said Bush’s expected veto of S 5, a bill to expand embryonic stem cell research, would be “for completely unjustified reasons.” Rep. Zack Space, D-Ohio, added that such research offers a “glimmer of real hope” to those affected by diabetes and “should [but does not] transcend party lines.”

Among the study’s key findings is the need for greater emphasis on disease prevention. The number of Americans with diabetes has doubled to more than 20

million since 1980 and is expected to double again by 2025, but the government spends only \$4 billion on prevention, just one twentieth the amount spent on treatment. The study found a third of those with diabetes are not diagnosed.

According to the study, significant “savings can result from efforts focused on prevention, early treatment and greater use of evidence-based practices that reduce risk factors for diabetes, control blood sugar and decrease complications and resulting disability.” Castle stressed the importance of early intervention and noted that diabetes prevention “doesn’t start when you’re 60 years old; it starts when you’re 6 years old.”

Prevention is particularly important in addressing the “burgeoning problem of Type II diabetes” in the United States, said Diana DeGette, D-Colo., caucus co-chairwoman. The study also stressed the importance of physical activity promotion and nutrition education in reducing the rates of obesity, a major risk factor for diabetes.

The study suggests placing greater emphasis on self-management and care management, increased health promotion within the federal workforce and enhancement and protection of government databases.

The study also shows a need for further research on the effectiveness of food assistance programs and the potential Medicare savings from a reduction in complications of diabetes.

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